



DE ANZA COLLEGE APPLICATION FOR CERTIFICATE

SSN _____ Award Date: Fall Winter Spring Summer 20

PRINT NAME AS IT SHOULD APPEAR ON CERTIFICATE.

Phone: (H) _____
(W) _____

Name _____
First Middle Last

Other Names Used? _____

Street _____

City _____ State _____ Zip _____

CERTIFICATE REQUIREMENTS (to be completed) or (were completed) _____ 19 _____ 20
Quarter

CATALOG YEAR: Major _____ 19 _____ 20

..... CERTIFICATE OBJECTIVE

Certificate of Completion _____

Certificate of Achievement _____

Certificate of Proficiency _____

English Proficiency Met: How? _____ Math Proficiency Met: How? _____

..... To Be Completed Requirement Checklist

Requirements Pending	Qtr.	Final Grade

- A. Major Courses Yes ___ No ___
- B. CPR – Medical Assistance Yes ___ No ___
- C. First Aid Cert — Child Dev Yes ___ No ___
- D. Academic Council Petitions No ___

Approved: Yes ___ No ___
 Identify waived and substituted courses on the curriculum sheet.
 Pending: Yes ___ Date Filed _____
 Include petitioned requirements in the "Requirements Pending" area to the left. Identify the specific courses being waived or substituted.

..... Student Agreement

I agree to notify the Evaluation Office at (408) 864-8374, 8321, 8288 or 8375 if there are any changes to this application. I understand it will be my responsibility to contact Counseling to file another application if I do not fulfill the requirements pending.

Student signature _____ Date _____

Counselor/Advisor signature _____ Date _____

Final Action—Evaluation Office Only

Status 117:	1	2	3	4	5
Units Completed					GPA
DAC					
FH					
Transfer					
TOTAL					

Approval: _____

Date: _____

Certificate Mailed: _____

Verified by: _____

E. List other colleges attended only if courses are required for the certificate.

College	KEY FILE		Need Official Transcript
	YES	NO	
<input type="checkbox"/> Pre 83 De Anza*			
<input type="checkbox"/> Pre 83 Foothill*			

*Attach microfiche copy